

EXHIBIT A

Date: March 1, 2013

To:

M. Ebadur Rahman,
IH Engineers, P.C.
103 College Road East
1st Floor
Princeton, New Jersey 08540

U.S.P.S. Certified Mail Number 7011 0470 0003 5510 6488

From:

Evan Spencer
285 Aycrigg Avenue
Apt. #10b
Passaic, New Jersey [07055]

Greetings M. Ebadur Rahman,

I am pleased to affirm that you and or IH Engineers, P.C.'s voluntary assignment was released as withholding agent(s) from any withholding obligations or claims or to the liabilities thereof EVAN SPENCER (see enclosed). Thank you very much for your services in this matter.

Yours Truly,

A handwritten signature in black ink, appearing to be 'ES' followed by a long horizontal stroke.

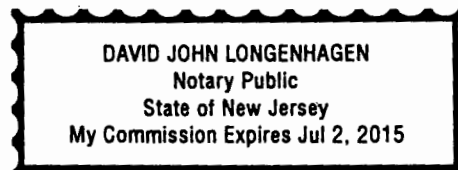
Evan Spencer

Enclosed:

Affidavit, (2) W4-T, (2) NJ-W4

EXHIBIT A

CERTIFIED AS TRUE COPY OF <u>COVER LETTER</u>	
<u>APRIL 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary <u>David Longenhagen</u>	



AFFIDAVIT

State of New Jersey)
) **SS:**
County of Passaic)

BE IT ACKNOWLEDGED, Evan-Christopher: Spencer does affirm by his signature hereon, of 285 Aycrigg Avenue, Apartment Number 10b, Passaic, New Jersey [07055] the undersigned

Affiant, being of legal age, is competent to state the matters included in his declarations, has knowledge of the facts, and declares that to the best of his knowledge, the statements made in this affidavit are true, correct, and not meant to be misleading,

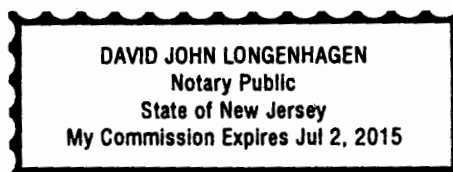
Affiant does hereby depose and say under oath as follows:

1. I affirm that on February 15, 2012, I released IH Engineers, P.C. located at College Road East 1st Floor, Princeton, New Jersey 08540 and Olympic Payroll located at 64 US Highway 46 West Pinebrook, New Jersey 07058 as Withholding Agent(s) from any withholding obligations or claims withholding F.I.C.A., S.U./D.I. tax(es), income and or any and all liability(ies) from my weekly accrued earnings under Form NJ-W4, Form W-4T dated and submitted February 15, 2012 (see attached), accepted by IH Engineers, P.C. and Olympic Payroll as of February 21, 2012;
2. Affiant incurred no liability for income tax imposed under subtitle A of the internal revenue code for this proceeding table year and believes he will incur no liability for income tax imposed by subtitle A for his current taxable year;
3. I affirm as of February 15, 2012 I am the Authorized Representative responsible for any withholding obligations or claims, any and all tax(es), income and or any and all liability(ies) that may be due and or that may be deemed due by the internal revenue service.

EXHIBIT

A

CERTIFIED AS TRUE COPY OF	
<u>AFFIDAVIT</u>	
<u>APRIL 18, 2014</u> Date Certified	<u>1 OF 2</u> Page(s)
Notary <u>[Signature]</u>	



Further, Affiant saith naught.


(Signer) Authorized Representative, All Rights Reserved 2/21/2013
(Date)

Subscribed and sworn to before me on February 21, 2013 by Evan Spencer
(Affiant's Name)

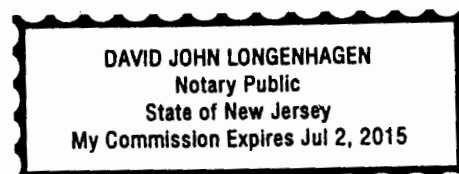

Notary Name

My Commission Expires 03/27/13 Tiwanda Randolph 2/21/13
TIWANDA M. RANDOLPH (Notary Signature) (Date)
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 3/27/2012

EXHIBIT

A

CERTIFIED AS TRUE COPY OF	
<u>AFFIDAVIT</u>	
<u>APRIL 18, 2014</u>	<u>2 OF 2</u>
Date Certified	Page(s)
Notary <u>[Signature]</u>	



Form **W-4T**
(Rev. November 1998)

Voluntary Withholding Agreement
Termination or Withdrawal from W-4 agreement

► Voluntary Withholding Agreements—26 C.F.R. §31.3402(p)-1

Employer's name and address

Employer identification number

Submitted for:

- ☒ In lieu of W-4, *Employee's Withholding Certificate*. Employer will not make any payroll withholding. Employee is responsible for all taxes.
- ☐ Termination of previous W-4 agreement. Beginning effective on the last day of pay period in NONE of NONE.

Employee's Liability Release Statement:

I, EVAN C. SPENCER, understand that termination or withdrawal of a W-4, *Employee's Withholding Certificate*, releases the employer from any obligation to make payroll withholdings. Furthermore, I understand that I am responsible for all taxes due and I release the employer from any tax liability associated with this employee.

I certify that the foregoing statement is correct and I release the employer from any withholding obligations or claims.

Employee's signature

EVAN C. SPENCER
WITHOUT RECEIVING ALL RIGHTS RESERVED

Date ►

2/12/2012

Employee's information

Type or print employee/payee first name and initial

Last name

EVAN C.

SPENCER

Social security number (write "None" if you do not have a SSN or "Declined" if you do not wish to provide a SSN)

Home address (number and street or rural route)

285 AVERGUE AVENUE #10B

City or town, State and ZIP code

MASWAIC N.J. 07055

Sec. 31.3402(p)-1 Voluntary withholding agreements.

(a) In general. An employee and his employer may enter into an agreement under section 3402(b) to provide for the withholding of income tax upon payments of amounts described in paragraph (b)(1) of Sec. 31.3401(a)-3, made after December 31, 1970.

(b) Form and duration of agreement. (1)(i) Except as provided in subdivision (ii) of this subparagraph, an employee who desires to enter into an agreement under section 3402(p) shall furnish his employer with Form W-4 (withholding exemption certificate) executed in accordance with the provisions of section 3402(f) and the regulations thereunder. The furnishing of such Form W-4 shall constitute a request for withholding.

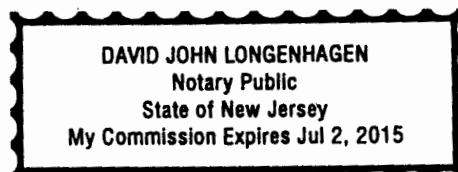
(c) A statement that the employee desires withholding of Federal income tax, and applicable, of qualified State individual income tax (see paragraph (d)(3)(i) of Sec. 301.6361-1 of this chapter (Regulations on Procedures and Administration)), and

(d) If the employee desires that the agreement terminate on a specific date, the date of termination of the agreement. If accepted by the employer as provided in subdivision (iii) of this subparagraph, the request shall be attached to, and constitute part of, the employee's Form W-4. An employee who furnishes his employer a request for withholding under this subdivision shall also furnish such employer with Form W-4 if such employee does not already have a Form W-4 in effect with such employer. (iii) No request for withholding under section 3402(p) shall be effective as an agreement between an employer and an employee until the employer accepts the request by commencing to withhold from the amounts with respect to which the request was made. (2) An agreement under section 3402 (p) shall be effective for such period as the employer and employee mutually agree upon. However, either the employer or the employee may terminate the agreement prior to the end of such period by furnishing a signed written notice to the other. Unless the employer and employee agree to an earlier termination date, the notice shall be effective with respect to the first payment of an amount in respect of which the agreement is in effect which is made on or after the first "status determination date" (January 1, May 1, July 1, and October 1 of each year) that occurs at least 30 days after the date on which the notice is furnished. If the employee executes a new Form W-4, the request upon which an agreement under section 3402 (p) is based shall be attached to, and constitute a part of, such new Form W-4.

EXHIBIT

A

CERTIFIED AS TRUE COPY OF	
<u>FORM W-4T-2012</u>	
<hr/>	
<u>APRIL 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
<hr/>	
Notary	<u>[Signature]</u>



Form NJ
(3-07, F)State of New Jersey - Division of Taxation
Employee's Withholding Allowance Certificate

1. SS#			2. Filing Status: (Check only one box)		
Name <u>EVAN SPENCER</u>			1. <input type="checkbox"/> Single		
Address <u>285 AVERIGG AVENUE #10B</u>			2. <input type="checkbox"/> Married/Civil Union Couple Joint		
City <u>PHILADELPHIA</u> State <u>NJ</u> Zip <u>07055</u>			3. <input type="checkbox"/> Married/Civil Union Couple Separate		
			4. <input type="checkbox"/> Head of Household		
			5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner		
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here			3. <u>O</u>		
4. Total number of allowances you are claiming (see instructions)			4. <u>O</u>		
5. Additional amount you want deducted from each pay			5. \$ <u>O</u>		
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here ...			6. <u>EXEMPT</u>		
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's Signature <u>[Signature]</u>			Date <u>2/15/2012</u>		
Employer's Name and Address			Employer Identification Number		

BASIC INSTRUCTIONS

Line 1 Enter your name, address and social security number in the spaces provided.

Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Couple Separate) you will be withheld at Rate A.

Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union couple works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.

Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.

Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.

Line 5 Enter the amount of additional withholdings you want deducted from each pay.

Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:

- Your filing status is **SINGLE** or **MARRIED/CIVIL UNION COUPLE SEPARATE** and your wages plus your taxable non-wage income will be \$10,000 or less for the current year.
- Your filing status is **MARRIED JOINT/CIVIL UNION COUPLE**, and your wages combined with your spouse's/civil union partner wages plus your taxable non-wage income will be \$20,000 or less for the current year.
- Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable non-wage income will be \$20,000 or less for the current year.

Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. It is **not** intended to provide withholding for other income or wages. If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(ers)/surviving civil union partner. **Single individuals or married/civil union couples filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

HOW TO USE THE CHART

- 1) Find the amount of your wages in the left-hand column.
- 2) Find the amount of the total for all other wages (including your spouse's wages) along the top row.
- 3) Follow along the row that contains your wages until you come to the column that contains the other wages.
- 4) This meeting point indicates the Withholding Table that best reflects your income situation.
- 5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

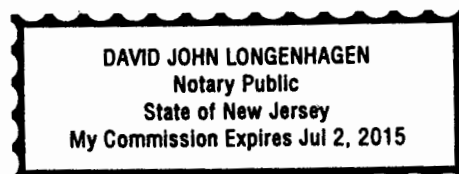
THIS FORM MAY BE REPRODUCED

WAGE CHART

Total of All Other Wages		0	10,001	20,001	30,001	40,001	50,001	60,001	70,001	80,001	OVER
		10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000
YOUR WAGES	0	B	B	B	B	B	B	B	B	B	B
	10,001	B	B	B	B	C	C	C	C	C	C
	20,001	B	B	B	A	A	D	D	D	D	D
	30,001	B	B	A	A	A	A	A	E	E	E
	40,001	B	C	A	A	A	A	E	E	E	E
	50,001	B	C	D	A	A	A	E	E	E	E
	60,001	B	C	D	A	A	E	E	E	E	E
	70,001	B	C	D	E	E	E	E	E	E	E
	80,001	B	C	D	E	E	E	E	E	E	E
	90,001	B	C	D	E	E	E	E	E	E	E
	over 100,001	B	C	D	E	E	E	E	E	E	E

EXHIBIT A

CERTIFIED AS TRUE COPY OF <u>FORM NJ-W4-2012</u>	
<u>April 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary <u>[Signature]</u>	



Form **W-4T**
(Rev. November 1998)

Voluntary Withholding Agreement
Termination or Withdrawal from W-4 agreement

► Voluntary Withholding Agreements—26 C.F.R. §31.3402(p)-1

Employer's name and address

THE ENGINEERS, P.C.
103 COLLEGE ROAD EAST, 1st Floor
Princeton, New Jersey 08540

Employer identification number

20 0006070

Submitted for:

- ☒ In lieu of W-4, Employee's Withholding Certificate. Employer will not make any payroll withholding. Employee is responsible for all taxes.
- ☐ Termination of previous W-4 agreement. Beginning effective on the last day of pay period in _____ enter month _____ of _____ year _____.

Employee's Liability Release Statement:

I, Evan Spencer, understand that termination or withdrawal of a W-4, Employee's Withholding Certificate, releases the employer from any obligation to make payroll withholdings. Furthermore, I understand that I am responsible for all taxes due and I release the employer from any tax liability associated with this employee.

I certify that the foregoing statement is correct and I release the employer from any withholding obligations or claims.

Employee's signature

► [Signature]
Authorized Representative, All Rights Reserved

Date ►

2/15/13

Employee's information

Type or print employee/payee first name and initial

Last name

EVAN C.

SPENCER

Social security number (write "None" if you do not have a SSN or "Declined" if you do not wish to provide a SSN)

Home address (number and street or rural route)

285 AVONING AVENUE #106

City or town, State and ZIP code

PASSAIC, N.J. 07055

Sec. 31.3402(p)-1 Voluntary withholding agreements.

(a) In general. An employee and his employer may enter into an agreement under section 3402(b) to provide for the withholding of income tax upon payments of amounts described in paragraph (b)(1) of Sec. 31.3401(a)-3, made after December 31, 1970.

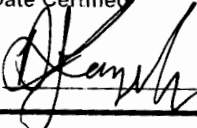
(b) Form and duration of agreement. (i)(I) Except as provided in subdivision (ii) of this subparagraph, an employee who desires to enter into an agreement under section 3402(p) shall furnish his employer with Form W-4 (withholding exemption certificate) executed in accordance with the provisions of section 3402(f) and the regulations thereunder. The furnishing of such Form W-4 shall constitute a request for withholding.

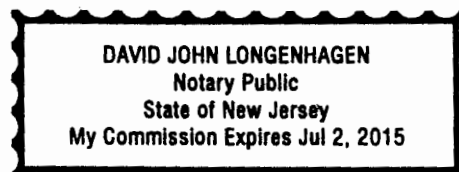
(c) A statement that the employee desires withholding of Federal income tax, and applicable, of qualified State individual income tax (see paragraph (d)(3)(I) of Sec. 301.6361-1 of this chapter (Regulations on Procedures and Administration)), and

(d) If the employee desires that the agreement terminate on a specific date, the date of termination of the agreement. If accepted by the employer as provided in subdivision (iii) of this subparagraph, the request shall be attached to, and constitute part of, the employee's Form W-4. An employee who furnishes his employer a request for withholding under this subdivision shall also furnish such employer with Form W-4 if such employee does not already have a Form W-4 in effect with such employer. (iii) No request for withholding under section 3402(p) shall be effective as an agreement between an employer and an employee until the employer accepts the request by commencing to withhold from the amounts with respect to which the request was made. (2) An agreement under section 3402 (p) shall be effective for such period as the employer and employee mutually agree upon. However, either the employer or the employee may terminate the agreement prior to the end of such period by furnishing a signed written notice to the other. Unless the employer and employee agree to an earlier termination date, the notice shall be effective with respect to the first payment of an amount in respect of which the agreement is in effect which is made on or after the first "status determination date" (January 1, May 1, July 1, and October 1 of each year) that occurs at least 30 days after the date on which the notice is furnished. If the employee executes a new Form W-4, the request upon which an agreement under section 3402 (p) is based shall be attached to, and constitute a part of, such new Form W-4.

Public Domain Form—W-4T

EXHIBIT A

CERTIFIED AS TRUE COPY OF	
<u>FORM W-9T-2013</u>	
<u>April 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary <u></u>	



Form NJ-W4
(3-07, R-12)State of New Jersey - Division of Taxation
Employee's Withholding Allowance Certificate

1. SS# <u>075 66 3673</u> Name <u>Evan Spencer</u> Address <u>285 Ayerlyg Avenue #106</u> City <u>Passaic</u> State <u>N.J.</u> Zip <u>07055</u>			2. Filing Status: (Check only one box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married/Civil Union Couple Joint 3. <input type="checkbox"/> Married/Civil Union Couple Separate 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner		
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here			3. <u>O</u>		
4. Total number of allowances you are claiming (see instructions)			4. <u>O</u>		
5. Additional amount you want deducted from each pay			5. \$ <u>O</u>		
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here ...			6. <u>EXEMPT</u>		
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's Signature <u>[Signature]</u>			Date <u>2/15/13</u>		
Employer's Name and Address <u>JH ENGINEERS, P.C., 103 College Road East, Princeton, NJ 08540</u> Employer Identification Number <u>20-0006010</u>					

BASIC INSTRUCTIONS

- Line 1 Enter your name, address and social security number in the spaces provided.
- Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Couple Separate) you will be withheld at Rate A.
- Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union couple works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.
- Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
- Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
- Line 5 Enter the amount of additional withholdings you want deducted from each pay.
- Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
- Your filing status is **SINGLE** or **MARRIED/CIVIL UNION COUPLE SEPARATE** and your wages plus your taxable non-wage income will be \$10,000 or less for the current year.
 - Your filing status is **MARRIED JOINT/CIVIL UNION COUPLE**, and your wages combined with your spouse's/civil union partner wages plus your taxable non-wage income will be \$20,000 or less for the current year.
 - Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable non-wage income will be \$20,000 or less for the current year.
- Your exemption is good for ONE year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. It is not intended to provide withholding for other income or wages. If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(ers)/surviving civil union partner. **Single individuals or married/civil union couples filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

HOW TO USE THE CHART

- Find the amount of your wages in the left-hand column.
- Find the amount of the total for all other wages (including your spouse's wages) along the top row.
- Follow along the row that contains your wages until you come to the column that contains the other wages.
- This meeting point indicates the Withholding Table that best reflects your income situation.
- If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

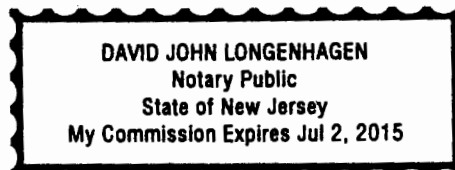
WAGE CHART

Total of All Other Wages		0	10,001	20,001	30,001	40,001	50,001	60,001	70,001	80,001	90,001	OVER
		10,000	20,000	30,000	40,000	50,000	60,000	70,000	80,000	90,000		
YOUR WAGES	0	B	B	B	B	B	B	B	B	B	B	B
	10,001	B	B	B	B	C	C	C	C	C	C	C
	20,001	B	B	B	A	A	D	D	D	D	D	D
	30,001	B	B	A	A	A	A	A	E	E	E	E
	40,001	B	C	A	A	A	A	A	E	E	E	E
	50,001	B	C	D	A	A	A	E	E	E	E	E
	60,001	B	C	D	A	A	E	E	E	E	E	E
	70,001	B	C	D	E	E	E	E	E	E	E	E
	80,001	B	C	D	E	E	E	E	E	E	E	E
	90,001	B	C	D	E	E	E	E	E	E	E	E
	over 90,000	B	C	D	E	E	E	E	E	E	E	E

EXHIBIT

A

CERTIFIED AS TRUE COPY OF	
<u>FORM NJ-W4-2013</u>	
<u>April 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary <u>David John Longenhagen</u>	



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage For Registered Mail)
 For delivery information visit our website at usps.com

PRINCETON NJ 08540

Postage	\$0.66
Certified Fee	\$3.10
Return Receipt Fee (Domestic Mail Only)	\$2.55
Restricted Delivery Fee (Domestic Mail Only)	\$0.00
Total Postage & Fees	\$6.31

0701 05 03/02/2013

M. Ebadur Rahman, I.H. ENGINEERS, P.C.
 103 College Road East, 1st Floor
 Princeton, New Jersey 08540

PS Form 3811, August 2008

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *H. Ebadur Rahman,*
I.H. ENGINEERS, P.C.
103 College Road East, 1st floor
Princeton, New Jersey 08540

2. Article Number 7011 0470 0003 5510 6488
 (Transfer from service label) *7011 0470 0003 5510 6488*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *C. GNECO*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. GNECO

C. Date of Delivery

3/4/13

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

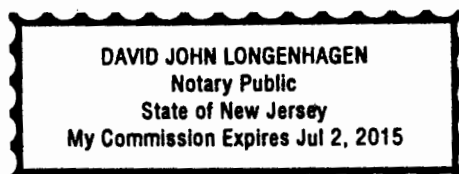
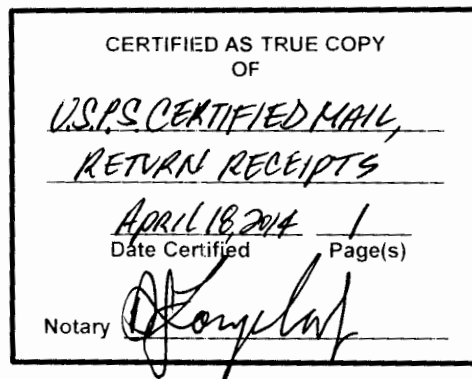
• Sender: Please print your name, address, and ZIP+4 in this box •

E. C. Spencer
285 Ayeriggy Avenue #106
Passaic, New Jersey 07055

9849 0755 E000 0240 7102

EXHIBIT

A



Sales Receipt.

Customer Copy

EXHIBIT

A

CERTIFIED AS TRUE COPY OF	
<u>USPS CERTIFIED MAIL,</u>	
<u>RETURN RECEIPT-PROOF OF PURCHASE</u>	
<u>APRIL 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary <u>[Signature]</u>	

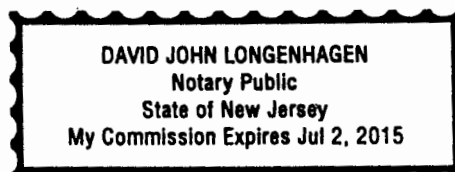


EXHIBIT B

Date: March 1, 2013

To:

Nick Vlahos, President
Olympic Payroll
64 US Highway 46 West
Pinebrook, New Jersey 07058

U.S.P.S. Certified Mail Number 7011 0470 0003 5510 6495

From:

Evan Spencer
285 Aycrigg Avenue
Apt. #10b
Passaic, New Jersey [07055]

Greetings Nick Vlahos,

I am pleased to affirm that you and or OLYMPIC PAYROLL's voluntary assignment was released as withholding agent(s) from any withholding obligations or claims or to the liabilities thereof EVAN SPENCER (see attached). Thank you very much for your services in this matter.

Yours Truly,

A handwritten signature in black ink, appearing to be 'ES' followed by a long horizontal flourish.

Evan Spencer

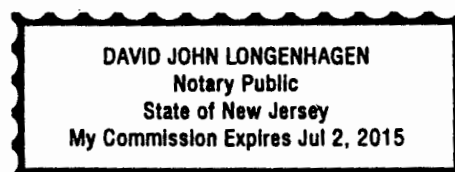
Enclosed:

Affidavit, (2) W4-T, (2) NJ-W4

EXHIBIT

B

CERTIFIED AS TRUE COPY OF	
<u>COVER LETTER</u>	
<u>APRIL 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary <u>[Signature]</u>	



AFFIDAVIT

State of New Jersey)
) **SS:**
County of Passaic)

BE IT ACKNOWLEDGED, Evan-Christopher: Spencer does affirm by his signature hereon, of 285 Aycrigg Avenue, Apartment Number 10b, Passaic, New Jersey [07055] the undersigned

Affiant, being of legal age, is competent to state the matters included in his declarations, has knowledge of the facts, and declares that to the best of his knowledge, the statements made in this affidavit are true, correct, and not meant to be misleading,

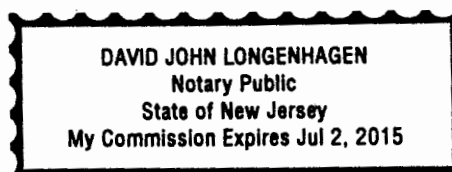
Affiant does hereby depose and say under oath as follows:

1. I affirm that on February 15, 2012, I released IH Engineers, P.C. located at College Road East 1st Floor, Princeton, New Jersey 08540 and Olympic Payroll located at 64 US Highway 46 West Pinebrook, New Jersey 07058 as Withholding Agent(s) from any withholding obligations or claims withholding F.I.C.A., S.U./D.I. tax(es), income and or any and all liability(ies) from my weekly accrued earnings under Form NJ-W4, Form W-4T dated and submitted February 15, 2012 (see attached), accepted by IH Engineers, P.C. and Olympic Payroll as of February 21, 2012;
2. Affiant incurred no liability for income tax imposed under subtitle A of the internal revenue code for this proceeding table year and believes he will incur no liability for income tax imposed by subtitle A for his current taxable year;
3. I affirm as of February 15, 2012 I am the Authorized Representative responsible for any withholding obligations or claims, any and all tax(es), income and or any and all liability(ies) that may be due and or that may be deemed due by the internal revenue service.


EXHIBIT

B

CERTIFIED AS TRUE COPY OF	
<u>AFFIDAVIT</u>	
<u>APRIL 18, 2014</u> Date Certified	<u>1 of 2</u> Page(s)
Notary <u>[Signature]</u>	



Further, Affiant saith naught.


(Signer) Authorized Representative, All Rights Reserved 2/21/2013
(Date)

Subscribed and sworn to before me on February 21, 2013 by Evan Spencer
(Affiant's Name)

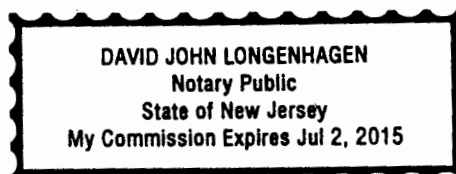

Notary Name

My Commission Expires 03/27/13 Tiwanda Randolph 2/21/13
TIWANDA M. RANDOLPH (Notary Signature) (Date)
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 3/27/2012

EXHIBIT

B

CERTIFIED AS TRUE COPY OF	
<u>Affidavit</u>	
<u>April 15, 2014</u> Date Certified	<u>2 of 2</u> Page(s)
Notary	<u>[Signature]</u>



Form **W-4T**
(Rev. November 1998)

Voluntary Withholding Agreement
Termination or Withdrawal from W-4 agreement

► Voluntary Withholding Agreements—26 C.F.R. §31.3402(p)-1

Employer's name and address

Employer identification number

Submitted for:

- ☒ In lieu of W-4, *Employee's Withholding Certificate*. Employer will not make any payroll withholding. Employee is responsible for all taxes.
- ☐ Termination of previous W-4 agreement. Beginning effective on the last day of pay period in NONE of NONE.

Employee's Liability Release Statement:

I, EVAN SPENCER, understand that termination or withdrawal of a W-4, *Employee's Withholding Certificate*, releases the employer from any obligation to make payroll withholdings. Furthermore, I understand that I am responsible for all taxes due and I release the employer from any tax liability associated with this employee.

I certify that the foregoing statement is correct and I release the employer from any withholding obligations or claims.

Employee's signature

► *[Signature]*
IN FULLY RESIGNED ALL RIGHTS RESERVED

Date ►

2/12/2012

Employee's information

Type or print employee/payee first name and initial

Last name

Social security number (write "None" if you do not have a SSN or "Declined" if you do not wish to provide a SSN)

EVAN C.

SPENCER

075 66 3673

Home address (number and street or rural route)

285 AVERNOG AVENUE #10B

City or town, State and ZIP code

PARMAHIC N.J. 07055

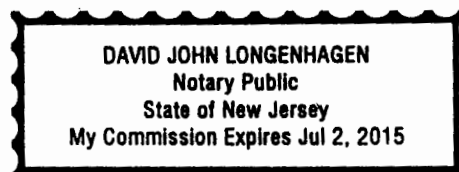
Sec. 31.3402(p)-1 Voluntary withholding agreements.

- (a) In general. An employee and his employer may enter into an agreement under section 3402(b) to provide for the withholding of income tax upon payments of amounts described in paragraph (b)(1) of Sec. 31.3401(a)-3, made after December 31, 1970.
- (b) Form and duration of agreement. (i) Except as provided in subdivision (ii) of this subparagraph, an employee who desires to enter into an agreement under section 3402(p) shall furnish his employer with Form W-4 (withholding exemption certificate) executed in accordance with the provisions of section 3402(f) and the regulations thereunder. The furnishing of such Form W-4 shall constitute a request for withholding.
- (c) A statement that the employee desires withholding of Federal income tax, and applicable, of qualified State individual income tax (see paragraph (d)(3)(i) of Sec. 301.6361-1 of this chapter (Regulations on Procedures and Administration)), and
- (d) If the employee desires that the agreement terminate on a specific date, the date of termination of the agreement. If accepted by the employer as provided in subdivision (iii) of this subparagraph, the request shall be attached to, and constitute part of, the employee's Form W-4. An employee who furnishes his employer a request for withholding under this subdivision shall also furnish such employer with Form W-4 if such employee does not already have a Form W-4 in effect with such employer. (iii) No request for withholding under section 3402(p) shall be effective as an agreement between an employer and an employee until the employer accepts the request by commencing to withhold from the amounts with respect to which the request was made. (2) An agreement under section 3402 (p) shall be effective for such period as the employer and employee mutually agree upon. However, either the employer or the employee may terminate the agreement prior to the end of such period by furnishing a signed written notice to the other. Unless the employer and employee agree to an earlier termination date, the notice shall be effective with respect to the first payment of an amount in respect of which the agreement is in effect which is made on or after the first "status determination date" (January 1, May 1, July 1, and October 1 of each year) that occurs at least 30 days after the date on which the notice is furnished. If the employee executes a new Form W-4, the request upon which an agreement under section 3402 (p) is based shall be attached to, and constitute a part of, such new Form W-4.

EXHIBIT

B

CERTIFIED AS TRUE COPY OF	
<u>FORM W-4T-2012</u>	
<u>April 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary <u><i>[Signature]</i></u>	



Form NJ-W4
(3-07, R-12)State of New Jersey - Division of Taxation
Employee's Withholding Allowance Certificate

1. SS# <u>03663673</u>			2. Filing Status: (Check only one box)		
Name <u>EVAN SPENCER</u>			1. <input type="checkbox"/> Single		
Address <u>285 AVERIDGE AVENUE #106</u>			2. <input type="checkbox"/> Married/Civil Union Couple Joint		
City <u>PHILADELPHIA</u> State <u>NJ</u> Zip <u>07055</u>			3. <input type="checkbox"/> Married/Civil Union Couple Separate		
			4. <input type="checkbox"/> Head of Household		
			5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner		
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here			3. <u>O</u>		
4. Total number of allowances you are claiming (see instructions)			4. <u>O</u>		
5. Additional amount you want deducted from each pay			5. \$ <u>O</u>		
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here ...			6. <u>EXEMPT</u>		
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's Signature <u>[Signature]</u>			Date <u>2/15/2012</u>		
Employer's Name and Address			Employer Identification Number		

BASIC INSTRUCTIONS

- Line 1 Enter your name, address and social security number in the spaces provided.
- Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Couple Separate) you will be withheld at Rate A.
- Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union couple works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.
- Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
- Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
- Line 5 Enter the amount of additional withholdings you want deducted from each pay.
- Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
- Your filing status is **SINGLE** or **MARRIED/CIVIL UNION COUPLE SEPARATE** and your wages plus your taxable non-wage income will be \$10,000 or less for the current year.
 - Your filing status is **MARRIED JOINT/CIVIL UNION COUPLE**, and your wages combined with your spouse's/civil union partner wages plus your taxable non-wage income will be \$20,000 or less for the current year.
 - Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable non-wage income will be \$20,000 or less for the current year.

Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. It is not intended to provide withholding for other income or wages. If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(ers)/surviving civil union partner. Single individuals or married/civil union couples filing separate returns do not need to use this chart. If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

HOW TO USE THE CHART

- Find the amount of your wages in the left-hand column.
- Find the amount of the total for all other wages (including your spouse's wages) along the top row.
- Follow along the row that contains your wages until you come to the column that contains the other wages.
- This meeting point indicates the Withholding Table that best reflects your income situation.
- If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

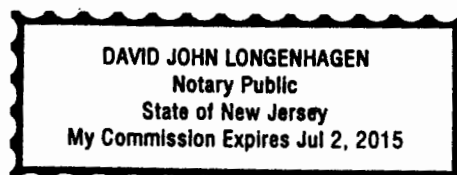
THIS FORM MAY BE REPRODUCED

		WAGE CHART									
Total of All Other Wages		0	10,001	20,001	30,001	40,001	50,001	60,001	70,001	80,001	OVER
Y O U R W A G E S	0	B	B	B	B	B	B	B	B	B	B
	10,001	B	B	B	B	C	C	C	C	C	C
	20,001	B	B	B	A	A	D	D	D	D	D
	30,001	B	B	A	A	A	A	A	E	E	E
	40,001	B	C	A	A	A	A	A	E	E	E
	50,001	B	C	D	A	A	A	E	E	E	E
	60,001	B	C	D	A	A	E	E	E	E	E
	70,001	B	C	D	E	E	E	E	E	E	E
	80,001	B	C	D	E	E	E	E	E	E	E
	90,001	B	C	D	E	E	E	E	E	E	E
	over 90,000	B	C	D	E	E	E	E	E	E	E

EXHIBIT

B

CERTIFIED AS TRUE COPY OF	
<u>FORM NJ-W4 - 2012</u>	
<u>APRIL 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary <u>[Signature]</u>	



Form **W-4T**
(Rev. November 1998)

Voluntary Withholding Agreement
Termination or Withdrawal from W-4 agreement

► Voluntary Withholding Agreements—26 C.F.R. §31.3402(p)-1

Employer's name and address

TH ENGINEERS, P.C.
103 College Road East, 1st Floor
Princeton, New Jersey 08540

Employer identification number

20 0006070

Submitted for:

- ☒ In lieu of W-4, Employee's Withholding Certificate. Employer will not make any payroll withholding. Employee is responsible for all taxes.
- ☐ Termination of previous W-4 agreement. Beginning effective on the last day of pay period in _____ enter month _____ of _____ year _____.

Employee's Liability Release Statement

I, Evan Spencer, understand that termination or withdrawal of a W-4, Employee's Withholding Certificate, releases the employer from any obligation to make payroll withholdings. Furthermore, I understand that I am responsible for all taxes due and I release the employer from any tax liability associated with this employee.

I certify that the foregoing statement is correct and I release the employer from any withholding obligations or claims.

Employee's signature

► Evan Spencer
Authorized Representative, All Rights Reserved

Date ► 2/15/13

Employee's information

Type or print employee/payee first name and initial

EVAN C.

Last name

SPENCER

Social security number (write "None" if you do not have a SSN or "Declined" if you do not wish to provide a SSN)

075 66 3673

Home address (number and street or rural route)

285 AYCRIGG AVENUE #106

City or town, State and ZIP code

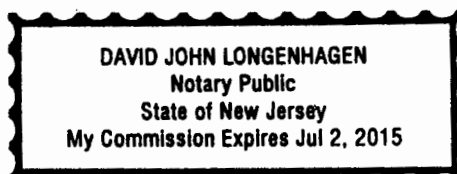
PASSAIC, N.J. 07055

Sec. 31.3402(p)-1 Voluntary withholding agreements.

- (a) In general. An employee and his employer may enter into an agreement under section 3402(b) to provide for the withholding of income tax upon payments of amounts described in paragraph (b)(1) of Sec. 31.3401(a)-3, made after December 31, 1970.
- (b) Form and duration of agreement. (i) Except as provided in subdivision (ii) of this subparagraph, an employee who desires to enter into an agreement under section 3402(p) shall furnish his employer with Form W-4 (withholding exemption certificate) executed in accordance with the provisions of section 3402(f) and the regulations thereunder. The furnishing of such Form W-4 shall constitute a request for withholding.
- (c) A statement that the employee desires withholding of Federal income tax, and applicable, of qualified State individual income tax (see paragraph (d)(3)(i) of Sec. 301.6361-1 of this chapter (Regulations on Procedures and Administration)), and
- (d) If the employee desires that the agreement terminate on a specific date, the date of termination of the agreement. If accepted by the employer as provided in subdivision (iii) of this subparagraph, the request shall be attached to, and constitute part of, the employee's Form W-4. An employee who furnishes his employer a request for withholding under this subdivision shall also furnish such employer with Form W-4 if such employee does not already have a Form W-4 in effect with such employer. (iii) No request for withholding under section 3402(p) shall be effective as an agreement between an employer and an employee until the employer accepts the request by commencing to withhold from the amounts with respect to which the request was made. (2) An agreement under section 3402 (p) shall be effective for such period as the employer and employee mutually agree upon. However, either the employer or the employee may terminate the agreement prior to the end of such period by furnishing a signed written notice to the other. Unless the employer and employee agree to an earlier termination date, the notice shall be effective with respect to the first payment of an amount in respect of which the agreement is in effect which is made on or after the first "status determination date" (January 1, May 1, July 1, and October 1 of each year) that occurs at least 30 days after the date on which the notice is furnished. If the employee executes a new Form W-4, the request upon which an agreement under section 3402 (p) is based shall be attached to, and constitute a part of, such new Form W-4.

EXHIBIT B

CERTIFIED AS TRUE COPY OF <u>Form W-4T-2013</u>	
<u>April 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary <u>[Signature]</u>	



Form NJ-W4
(3-07, R-12)State of New Jersey - Division of Taxation
Employee's Withholding Allowance Certificate

1. SS# <u>075 66 3673</u>			2. Filing Status: (Check only one box)		
Name <u>Evan Spencer</u>			1. <input type="checkbox"/> Single		
Address <u>285 Ayerlyg Avenue #101</u>			2. <input type="checkbox"/> Married/Civil Union Couple Joint		
City <u>Passaic</u> State <u>N.J.</u> Zip <u>07055</u>			3. <input type="checkbox"/> Married/Civil Union Couple Separate		
			4. <input type="checkbox"/> Head of Household		
			5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner		
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here			3. <u>0</u>		
4. Total number of allowances you are claiming (see instructions)			4. <u>0</u>		
5. Additional amount you want deducted from each pay			5. \$ <u>0</u>		
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here ...			6. <u>EXEMPT</u>		
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's Signature <u>[Signature]</u>			Date <u>2/15/13</u>		
Employer's Name and Address <u>JH ENGINEERS, P.C., 103 College Road East, 1st Floor, Princeton, NJ 08540</u> Employer Identification Number <u>20-0006070</u>					

BASIC INSTRUCTIONS

- Line 1 Enter your name, address and social security number in the spaces provided.
- Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Couple Separate) you will be withheld at Rate A.
- Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union couple works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.
- Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
- Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
- Line 5 Enter the amount of additional withholdings you want deducted from each pay.
- Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
- Your filing status is **SINGLE** or **MARRIED/CIVIL UNION COUPLE SEPARATE** and your wages plus your taxable non-wage income will be \$10,000 or less for the current year.
 - Your filing status is **MARRIED JOINT/CIVIL UNION COUPLE**, and your wages combined with your spouse's/civil union partner wages plus your taxable non-wage income will be \$20,000 or less for the current year.
 - Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable non-wage income will be \$20,000 or less for the current year.
- Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. It is not intended to provide withholding for other income or wages. If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(ers)/surviving civil union partner. Single individuals or married/civil union couples filing separate returns do not need to use this chart. If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

HOW TO USE THE CHART

- Find the amount of your wages in the left-hand column.
- Find the amount of the total for all other wages (including your spouse's wages) along the top row.
- Follow along the row that contains your wages until you come to the column that contains the other wages.
- This meeting point indicates the Withholding Table that best reflects your income situation.
- If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

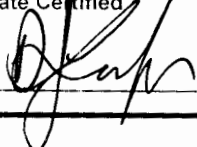
NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

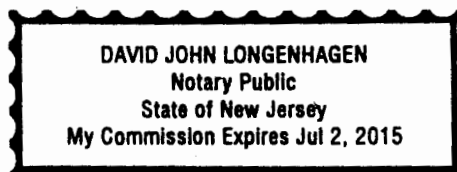
THIS FORM MAY BE REPRODUCED

		WAGE CHART									
Total of All Other Wages		0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
Y O U R W A G E S	0	B	B	B	B	B	B	B	B	B	B
	10,001 20,000	B	B	B	B	C	C	C	C	C	C
	20,001 30,000	B	B	B	A	A	D	D	D	D	D
	30,001 40,000	B	B	A	A	A	A	A	E	E	E
	40,001 50,000	B	C	A	A	A	A	A	E	E	E
	50,001 60,000	B	C	D	A	A	A	E	E	E	E
	60,001 70,000	B	C	D	A	A	E	E	E	E	E
	70,001 80,000	B	C	D	E	E	E	E	E	E	E
	80,001 90,000	B	C	D	E	E	E	E	E	E	E
	over 90,000	B	C	D	E	E	E	E	E	E	E

EXHIBIT

B

CERTIFIED AS TRUE COPY OF	
<u>FORM NJ-WA-2013</u>	
<u>April 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary <u></u>	



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

PINE BROOK, NJ 07058

Postage	\$0.66	0701
Outfield Fee	\$3.10	05
Return Receipt Fee (Addendums Required)	\$2.55	
Restricted Delivery Fee (Endorsament Required)	\$0.00	
Total Postage & Fees	\$6.31	

03/02/2013

Scanned by
 Nick Vlahos, President, OLYMPIC PAYROLL
 or PO Box No. 64 US Highway 46 West
 City, State, ZIP+4 Pinebrook, New Jersey 07058

PS Form 3800, August 2006 See Reverse

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Nick Vlahos, President*

OLYMPIC PAYROLL
64 US HIGHWAY 46 WEST
PINEBROOK, N.J. 07058

2. Article Number

7011 0470 0003 5510 6495

(Transfer from service label) *7011 0470 0003 5510 6495*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

E. C. Spencer
285 Ayerigg Avenue #106
Passaic, New Jersey 07055

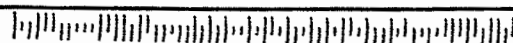
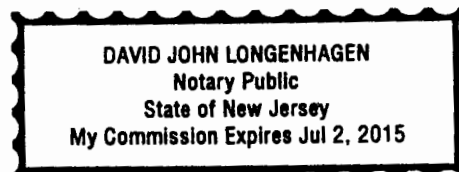


EXHIBIT B

CERTIFIED AS TRUE COPY OF	
<u>USPS CERTIFIED MAIL,</u>	
<u>RETURN RECEIPTS</u>	
<u>APRIL 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary <u>[Signature]</u>	



Beware of Foreign Lotteries

If you or a loved one receives a solicitation for a foreign lottery, report it to the U.S. Postal Inspection Service.

For more information about this or other scams involving the mail, visit DeliveringTrust.com or <https://postalinspectors.uspis.gov/>, or call 1-877-876-2455.

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

Bill#:1000402000813
Clerk:05

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER

Go to:
<https://postalexperience.com/Pos>

TELL US ABOUT YOUR RECENT
POSTAL EXPERIENCE

YOUR OPINION COUNTS

Customer Copy

=====

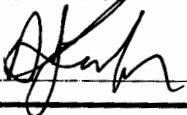
ELMWOOD PARK
ELMWOOD PARK, New Jersey
074079998
3356730701-0096
03/02/2013 (800)275-8777 01:20:04 PM
=====

===== Sales Receipt =====

Product Description	Sale Unit Qty	Unit Price	Final Price
PRINCETON NJ 08540 Zone-1 First-Class Letter 1.50 oz. Expected Delivery: Mon 03/04/13 Return Rcpt (Green Card) @@ Certified Label #:			\$0.66
			\$2.55
			\$3.10
70110470000355106488			
Issue PVI:			\$6.31
PINE BROOK NJ 07058 Zone-1 First-Class Letter 1.50 oz. Expected Delivery: Mon 03/04/13 Return Rcpt (Green Card) @@ Certified Label #:			\$0.66
			\$2.55
			\$3.10
70110470000355106495			
Issue PVI:			\$6.31
Total:			\$12.62
Paid by:			
Cash			\$20.02
Change Due:			-\$7.40

@@ For tracking or inquiries go to
USPS.com or call 1-800-222-1811.

EXHIBIT B

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL,</u>	
<u>RETURN RECEIPTS- PROOF OF PURCHASE</u>	
<u>April 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary <u></u>	

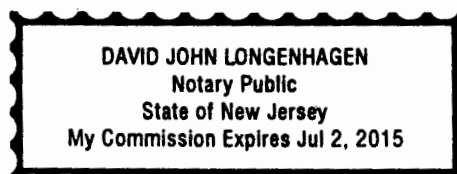


EXHIBIT C

RECORDING REQUESTED BY,)	
AND WHEN RECORDED RETURN TO:)	
)	
)	
)	
)	
Evan Christopher Spencer)	
c/o 285 Aycrigg Avenue #10b)	
Passaic, New Jersey [07055])	
)	(SPACE ABOVE THIS LINE FOR
)	RECORDERS USE ONLY)

Notice of Fault and Opportunity to Cure

Notice to agent is notice to principal, notice to principal is notice to agent

Reference and pertaining to: "**Affidavit, (2)Form NJ-W4 and (2)Form W-4T,**"
Sent by U.S.P.S. Certified Mail, Return Receipt Number(s)
7011 0470 0003 5510 6495 (Olympic Payroll) and
7011 0470 0003 5510 6488 (I.H. Engineers, P.C.)

This **Notice of Fault and Opportunity to Cure** sent by Sent by U.S.P.S. Certified
Mail, Return Receipt Number(s) 7011 0470 0003 5510 6761 (Olympic Payroll) and
7011 0470 0003 5510 6778 (I.H. Engineers, P.C.)

Date: April 8, 2013

Declarant:

Evan Christopher Spencer, a living soul man, non-citizen, non-individual
c/o 285 Aycrigg Avenue #10b
Passaic, New Jersey [07055]
Non-domestic without the UNITED STATES

Respondent(s):

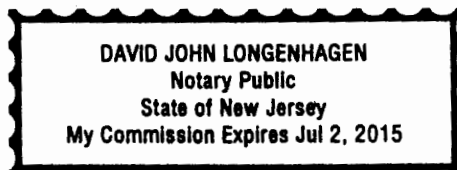
Nick Vlahos, d.b.a. **President**,
Olympic Payroll
64 US Highway 46 West
Pinebrook, New Jersey 07058

and

EXHIBIT

C

CERTIFIED AS TRUE COPY	
OF	
<i>NOTICE OF FAULT AND</i>	
<i>OPPORTUNITY TO CURE</i>	
<i>APRIL 18, 2014</i>	<i>1 OF 3</i>
Date Certified	Page(s)
Notary <i>[Signature]</i>	



M. Ebad Rahman, d.b.a. **Finance Executive**,
IH Engineers, P.C.
103 College Road East, 1st Floor
Princeton, New Jersey 08540

I, **Evan Christopher Spencer**, a living soul man over 18 years of age, herein known as Declarant, being competent to testify and having firsthand knowledge of the facts herein, declares on my own unlimited commercial liability, under penalty of perjury of the laws of the United States of America, that the facts contained herein are true, correct, and complete, not meant to be misleading,

Declarant does hereby depose and say under oath as follows:

Statement of Facts

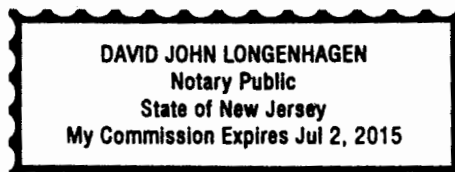
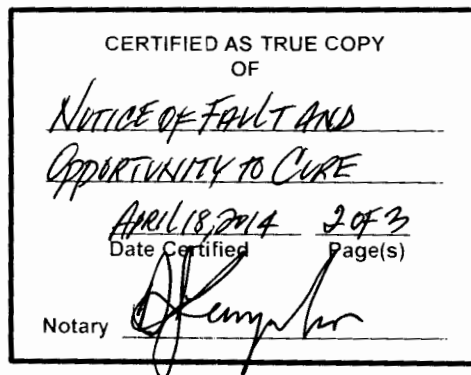
1. On or about March 4, 2013 Respondents received an **Affidavit, (2)Form NJ-W4 and (2)Form W-4T**, by U.S.P.S. Certified Mail, Return Receipt Number(s) 7011 0470 0003 5510 6495 (**Nick Vlahos, President, of Olympic Payroll**) and 7011 0470 0003 5510 6488 (**M. Ebad Rahman, Finance Executive, of I.H. Engineers, P.C.**), pertaining to **Releasing Respondents voluntary assignment as Withholding Agent(s)** for Declarant, from the Declarant for Respondent's response.
2. As of this date, April 8, 2013, **M. Ebad Rahman, Finance Executive**, (Respondent) and **Nick Vlahos, President**, (Respondent), have not responded to the above stated **Affidavit, (2)Form NJ-W4 and (2)Form W-4T**.
3. **M. Ebad Rahman**, (Respondent) and **Nick Vlahos**, (Respondent) are now at Fault in this matter.

Opportunity To Cure

In the event that Respondents failure to take the remedy offered in **Affidavit, (2)Form NJ-W4 and (2)Form W-4T** was an oversight, mistake or otherwise unintentional, **Evan Christopher Spencer**, Declarant, grants Respondents twenty one (21) days, exclusive of the day of receipt, to cure the fault and effect the remedy.

Failure to cure will constitute, as an operation of law, the admission of the obligation by Respondents through *tacit procuration* to the **Affidavit, (2)Form NJ-W4 and (2)Form W-4T** and the whole matter shall be deemed *res judicata* and *stare decisis*.

EXHIBIT C



Response by Respondents must be served on **Evan Christopher Spencer**, exactly as provided:

DAVID J. LONGENHAGEN
c/o Notary Acceptor
323 HENRY ST.
Address
SOUTH AMBOY, NJ, 08879
City, State zip

Evan Christopher Spencer, Declarant awaits Respondents timely response.

Further, Declarant saith not.

[Signature] 4/8/13
(Declarant/Signer) Authorized Representative, (Date)
All Rights Reserved

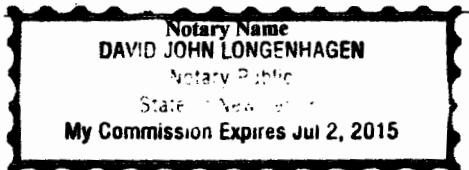
CERTIFICATE OF ACKNOWLEDGMENT

State of New Jersey)
) ss:
County of MIDDLESEX)

As a Notary Public for said County and State, I do hereby certify that on this 8th day of April, 2013 before me appeared **Evan Christopher Spencer**, who satisfactorily proved to be the man whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

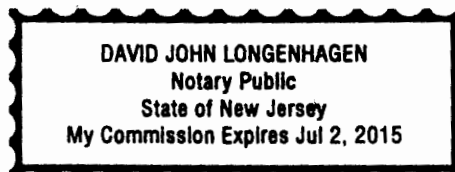
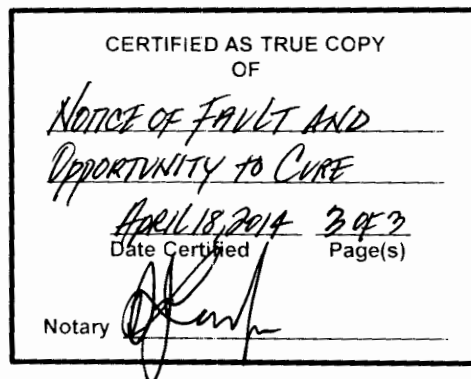
Witness my hand and seal:

DAVID J. LONGENHAGEN



My Commission Expires: JULY 2, 2015 [Signature] 4/8/2013
(Notary Signature) (Date)

EXHIBIT C

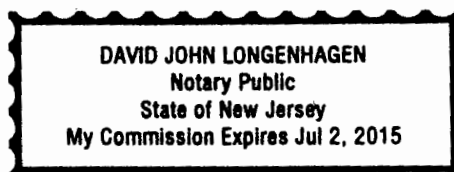


7011 0470 0003 5510 6761

U.S. Postal Service™		
CERTIFIED MAIL™ RECEIPT		
(Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
PINE BROOK NJ 07058		
Postage	\$ 0.46	0701
Certified Fee	\$3.10	05
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$6.11	04/13/2013
Sent to <i>Nick Vlahos, President, OLYMPIC PAYROLL</i> Street Apt. No. or PO Box No. <i>64 US HIGHWAY 46 WEST</i> City, State, ZIP+4 <i>PINEBROOK, N.J. 07058</i>		
PS Form 3800, August 2005 See Back for Instructions		

EXHIBIT C

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL</u>	
<u>RECEIPT</u>	
<u>APRIL 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary <u>[Signature]</u>	





Date: 05/04/2013

Dear Postal Customer:

The following is in response to your 05/04/2013 request for delivery information on your Certified Mail™ item number 7011 0470 0003 5510 6761. The delivery record shows that this item was delivered on 04/15/2013 at 02:46:01 PM in PINE BROOK, NJ 07058. The scanned image of the recipient information is provided below.

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local Post Office or postal representative.

Signature of Recipient:

A handwritten signature in black ink, appearing to read "William J. Hill", written over a horizontal line.

Address of Recipient:

A handwritten address in black ink, appearing to read "5424 6th St", written over a horizontal line.

Sincerely,

United States Postal Service

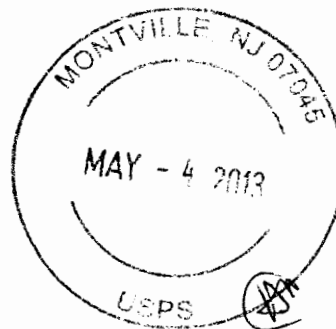
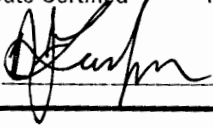
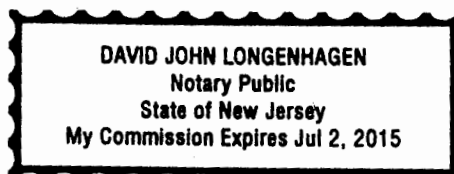


EXHIBIT C

CERTIFIED AS TRUE COPY OF	
<u>U.S. P.S. RETURN RECEIPT -</u>	
<u>VERIFICATION OF DELIVERY</u>	
<u>APRIL 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary	



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *M. E. Ed Kaplan,*
IH ENGINEERS, P.C.
103 COLLEGE ROAD EAST, 1ST FLR
PRINCETON, N.J. 08540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent
☒ Addressee

B. Received by (Printed Name) *Jessica Kline* C. Date of Delivery *4-15-13*

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☒ Yes

2. Article Number *7011 0470 0003 5510 6778*
 (Transfer from service label) *7011 0470 0003 5510 6778*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

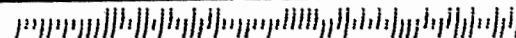


First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

E. Spencer
285 AGRICULTURE AVENUE #100
PASSAIC, N.J. 07055

55672702



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website at www.usps.com

PRINCETON NJ 08540

Postage	\$0.46
Insured Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.11

0701 05 04/13/2013

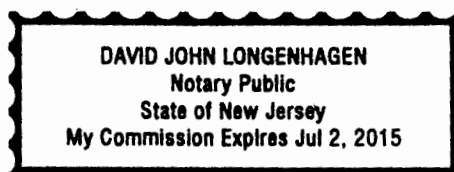
Sent To
H. E. ED KAPLAN, IH ENGINEERS, P.C.
 Street, Apt. No.
 or PO Box No. *103 COLLEGE ROAD EAST, 1ST FLR*
 City, State, ZIP+4
PRINCETON, NEW JERSEY 08540

PS Form 3800, August 2005

2012 0240 0000 5510 0155 9229

EXHIBIT C

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL,</u>	
<u>RETURN RECEIPTS</u>	
<u>April 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary <u>[Signature]</u>	



Order stamps at usps.com/shop or
call 1-800-Stamp24. Go to
usps.com/clicknship to print
shipping labels with postage. For
other information call
1-800-ASK-USPS.

Get your mail when and where you
want it with a secure Post Office
Box. Sign up for a box online at
usps.com/poboxes.

Bill#:1000402043342
Clerk:05

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER

Go to:
<https://postalexperience.com/Pos>

TELL US ABOUT YOUR RECENT
POSTAL EXPERIENCE

YOUR OPINION COUNTS

Customer Copy

=====

ELMWOOD PARK
ELMWOOD PARK, New Jersey
074079998
3356730701-0096
04/13/2013 (800)275-8777 11:09:03 AM
=====

Sales Receipt		
Product Description	Sale Unit Qty Price	Final Price
P.O. Box Overflow		\$0.00
Mail Pickup	Delivered	
Label # 420074079101900566001038754762		
# of Mailpieces : 2		
Mail Pickup Date: 04/13/2013 11:06 AM		
PRINCETON NJ 08540		\$0.46
Zone-1 First-Class		
Letter		
0.80 oz.		
Expected Delivery: Mon 04/15/13		
Return Rcpt (Green		\$2.55
Card)		
@@ Certified		\$3.10
Label #: 70110470000355106778		
=====		
Issue PVI:		\$6.11
PINE BROOK NJ 07058		
Zone-1 First-Class		\$0.46
Letter		
0.80 oz.		
Expected Delivery: Mon 04/15/13		
Return Rcpt (Green		\$2.55
Card)		
@@ Certified		\$3.10
Label #: 70110470000355106761		
=====		
Issue PVI:		\$6.11
=====		
Total:		\$12.22
Paid by:		
Cash		\$20.02
Change Due:		-\$7.80
@@ For tracking or inquiries go to USPS.com or call 1-800-222-1811.		

EXHIBIT C

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL -</u>	
<u>RETURN RECEIPTS - PROOF OF PURCHASE</u>	
<u>APRIL 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary <u>[Signature]</u>	

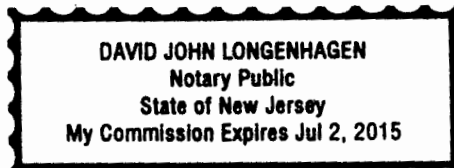


EXHIBIT D

RECORDING REQUESTED BY,)	
AND WHEN RECORDED RETURN TO:)	
)	
)	
)	
)	
)	
)	
)	
Evan Christopher Spencer)	
c/o 285 Aycrigg Avenue #10b)	
Passaic, New Jersey [07055])	(SPACE ABOVE THIS LINE FOR
)	RECORDERS USE ONLY)

Notice of Default

Notice to agent is notice to principal, notice to principal is notice to agent

Reference and pertaining to: **"Notice of Fault and Opportunity to Cure"**

Sent by U.S.P.S. Certified Mail, Return Receipt Number(s)

7011 0470 0003 5510 6761 (Olympic Payroll) and

7011 0470 0003 5510 6778 (I.H. Engineers, P.C.)

This **Notice of Default** sent by U.S.P.S. Certified Mail, Return Receipt Number

7011 0470 0003 5510 6860 (Olympic Payroll) and

7011 0470 0003 5510 6877 (I.H. Engineers, P.C.)

Date: May 28, 2013

Declarant:

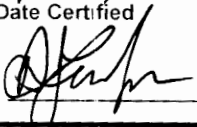
Evan Christopher Spencer, a living soul man, non-citizen, non-individual
c/o 285 Aycrigg Avenue #10b
Passaic, New Jersey [07055]
Non-domestic without the UNITED STATES

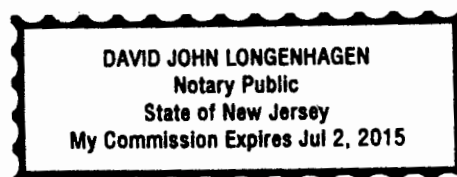
Respondent(s):

Nick Vlahos, d.b.a. **President**,
Olympic Payroll
64 US Highway 46 West
Pinebrook, New Jersey 07058

and

EXHIBIT D

CERTIFIED AS TRUE COPY OF	
<u>NOTICE OF DEFAULT</u>	
<u>APRIL 18, 2014</u> Date Certified	<u>1 OF 3</u> Page(s)
Notary <u></u>	




M. Ebad Rahman, d.b.a. **Finance Executive**,
IH Engineers, P.C.
103 College Road East, 1st Floor
Princeton, New Jersey 08540

Statement of Facts

1. On or about April 15, 2013 Respondents received a **Notice of Fault and Opportunity to Cure** by U.S.P.S. Certified Mail, Return Receipt Number(s) **7011 0470 0003 5510 6761 (Nick Vlahos, President, of Olympic Payroll)** and **7011 0470 0003 5510 6778 (M. Ebad Rahman, Finance Executive, of I.H. Engineers, P.C.)** pertaining to "**Affidavit, (2)Form NJ-W4 and (2)Form W-4T,**" sent by U.S.P.S. Certified Mail, Return Receipt Number(s) **7011 0470 0003 5510 6495 (Nick Vlahos, President, of Olympic Payroll)** and **7011 0470 0003 5510 6488 (M. Ebad Rahman, Finance Executive, of I.H. Engineers, P.C.)**, from the Declarant for Respondents' response.
2. As of this date, **May 28, 2013, Nick Vlahos** (Respondent) and **M. Ebad Rahman** (Respondent) have not responded to the above stated **Notice of Fault and Opportunity to Cure**.
3. **Nick Vlahos** (Respondent) and **M. Ebad Rahman** (Respondent) are now in default in this matter.

This failure to respond and now default, is, as an operation law, Respondents' final admission and agreement to all statements and claims made by Declarant through *tacit procuration* pertaining to "**Affidavit, (2)Form NJ-W4 and (2)Form W-4T,**" by U.S.P.S. Certified Mail, Return Receipt Number(s) **7011 0470 0003 5510 6495 (Nick Vlahos, President, of Olympic Payroll)** and **7011 0470 0003 5510 6488 (M. Ebad Rahman, Finance Executive, of I.H. Engineers, P.C.)** and the whole matter is *res judicata* and the doctrine of *stare decisis* now applies. Respondents are in estoppels by their repeated failure to respond.

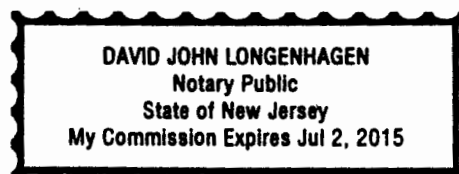
I, a free man commonly known as **Evan Christopher Spencer**, (Declarant), on my own unlimited commercial liability, certify that I have read the above and do know that the facts contained are true, correct, and complete, not misleading, the truth, the whole truth and nothing but the truth.


(Declarant/Signer) Authorized Representative, All Rights Reserved
5/28/2013
(Date)

EXHIBIT

D

CERTIFIED AS TRUE COPY OF	
<u>NOTICE OF DEFAULT</u>	
<u>APRIL 18, 2014</u> Date Certified	<u>2 OF 3</u> Page(s)
Notary <u>[Signature]</u>	



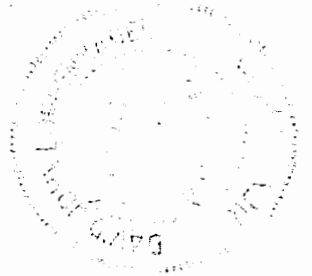
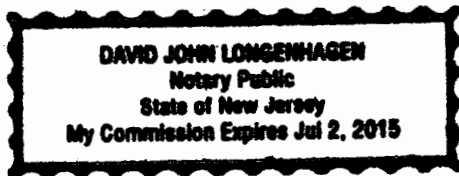
CERTIFICATE OF ACKNOWLEDGMENT

State of New Jersey)
) ss:
County of Middlesex)

As a Notary Public for said County and State, I do hereby certify that on this 28th day of May, 2013 before me appeared **Evan Christopher Spencer**, who satisfactorily proved to be the man whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

Witness my hand and seal:

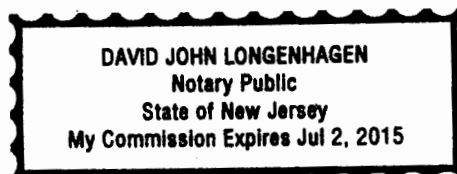
DAVID JOHN LONGENHAGEN
Notary Name



My Commission Expires: JULY 2, 2015 David Longenhagen May 28, 2013
(Notary Signature) (Date)

EXHIBIT D

CERTIFIED AS TRUE COPY OF	
<u>NOTICE OF DEFAULT -</u>	
<u>CERTIFICATE OF ACKNOWLEDGMENT</u>	
<u>April 18, 2014</u> Date Certified	<u>3 of 3</u> Page(s)
Notary <u>[Signature]</u>	



**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at usps.com

PINE BROOK NJ 07058

Package #	0701
Postage	\$0.46
Registered Fee	\$3.10
Restricted Delivery Fee	\$2.55
Insurance (if any)	\$0.00
Total Postage and Fees	\$6.11

06/15/2013

Nick Vlahos, President, Olympic Payroll
64 US HIGHWAY 46 WEST
PINEBROOK, NEW JERSEY 07058

PS Form 3811, February 2004

0989 0155 E000 0240 1102

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Nick Vlahos, President*

OLYMPIC PAYROLL
64 US HIGHWAY 46 WEST
PINEBROOK, N. J. 07058

2. Article Number

7011 0470 0003 5510 6860

(Transfer from service label) *7011 0470 0003 5510 6860*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

*doicks.walk**6/15/13*

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

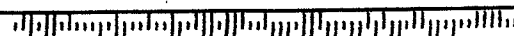
☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

• Sender: Please print your name, address, and ZIP+4 in this box •

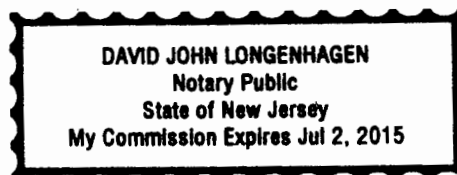
Even Spencer
285 AYERIGG AVENUE #10B
PASSAIC, New Jersey 07055



EXHIBIT

D

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL,</u>	
<u>RETURN RECEIPTS</u>	
<u>APRIL 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary <u>[Signature]</u>	



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit our website: usps.com

PRINCETON NJ 08540

Postage	\$0.46
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Registered Mail Fee (Endorsement Required)	\$0.00
Total Payment Due	\$6.11

Sent To: M. Ebad Rahman, I.H. ENGINEERS, P.C.
 Street Address: 103 College Road East, 1st Floor
 City, State, ZIP: PRINCETON, NEW JERSEY 08540

Date: 06/15/2013

2289 0155 E000 0240 1102

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *M. Ebad Rahman,*
I.H. ENGINEERS, P.C.
103 COLLEGE ROAD EAST, 1st Floor
PRINCETON, N.J. 08540

2. Article Number

7011 0470 0003 5510 6877

(Transfer from service label) 7011 0470 0003 5510 6877

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *AGNEO* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

AGNEO

C. Date of Delivery

*6-17-13*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

UNITED STATES POSTAL SERVICE



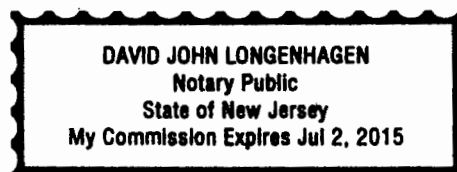
First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

EVAN SPENCER
285 MYCRIGG AVENUE #10B
PASSAIC, N.J. 07055

EXHIBIT D

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL,</u>	
<u>RETURN RECEIPTS</u>	
<u>APRIL 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary <u></u>	



ELMWOOD PARK
ELMWOOD PARK, New Jersey
074079998

3356730701-0096

06/15/2013 (800)275-8777 12:03:14 PM

Sales Receipt

Product Description	Sale Unit Qty	Unit Price	Final Price
PRINCETON NJ 08540 Zone-1 First-Class Letter 0.80 oz. Expected Delivery: Mon 06/17/13 Return Rcpt (Green Card) @@ Certified Label #: 70110470000355106877			\$0.46
Issue PVI:			\$6.11
PINE BROOK NJ 07058 Zone-1 First-Class Letter 0.80 oz. Expected Delivery: Mon 06/17/13 Return Rcpt (Green Card) @@ Certified Label #: 70110470000355106860			\$0.46
Issue PVI:			\$6.11
Total:			\$12.22
Paid by:			
Cash			\$12.25
Change Due:			-\$0.03

@@ For tracking or inquiries go to
USPS.com or call 1-800-222-1811.

Order stamps at usps.com/shop or
call 1-800-Stamp24. Go to
usps.com/clicknship to print
shipping labels with postage. For
other information call
1-800-ASK-USPS.

Get your mail when and where you
want it with a secure Post Office
Box. Sign up for a box online at
usps.com/poboxes.

Bill#:1000402101033
Clerk:05

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER

Go to:
<https://postalexperience.com/Pos>


TELL US ABOUT YOUR RECENT
POSTAL EXPERIENCE

YOUR OPINION COUNTS

Customer Copy

EXHIBIT

D

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL,</u>	
<u>RETURN RECEIPTS - PROOF OF PURCHASE</u>	
<u>April 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary <u></u>	

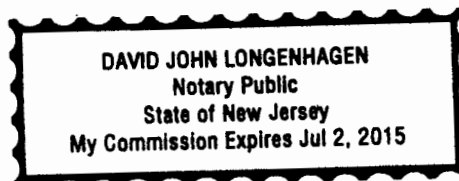


EXHIBIT E

May 28, 2013

To:

Nick Vlahos, President
Olympic Payroll
64 US Highway 46 West
Pinebrook, New Jersey 07058

M. Ebad Rahman, Finance Executive
IH Engineers, P.C.
103 College Road East, 1st Floor
Princeton, New Jersey 08540

From:

Evan Christopher Spencer
without prejudice
285 Aycrigg Avenue #10b
Passaic, New Jersey [07055]

TRUE BILL

This is an Order to pay:

Drawee(s): Nick Vlahos; M. Ebad Rahman

In the Sum Certain of: nine thousand five hundred sixty two/thirty five: \$9,562.35

Paid to the Order of: Evan Christopher Spencer
285 Aycrigg Avenue #10b
Passaic, New Jersey 07055

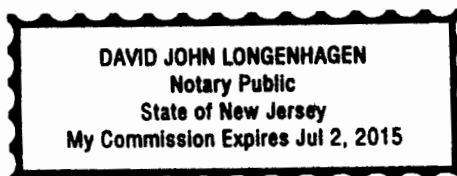
Drawer:

Evan Christopher Spencer
Authorized Representative, UCC 3-402(b) (1)



EXHIBIT E

CERTIFIED AS TRUE COPY OF	
<u>True Bill</u>	
<u>April 18, 2014</u> Date Certified	<u>1 of 2</u> Page(s)
Notary <u>[Signature]</u>	



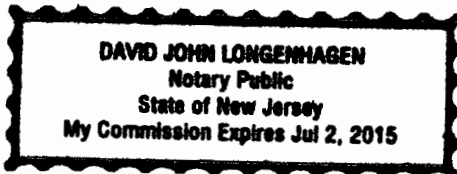
CERTIFICATE OF ACKNOWLEDGMENT

State of New Jersey)
) ss:
County of Middlesex)

As a Notary Public for said County and State, I do hereby certify that on this 28th day of May, 2013 before me appeared **Evan Christopher Spencer**, who satisfactorily proved to be the man whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

Witness my hand and seal:

DAVID J. LONGENHAGEN
Notary Name



My Commission Expires:

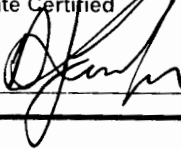
July 2, 2015

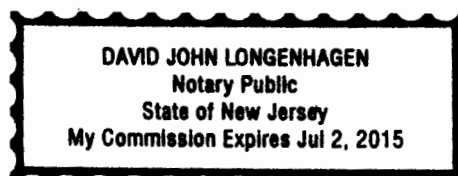
(Notary Signature)

(Date)

May 28 2013

EXHIBIT E

CERTIFIED AS TRUE COPY OF	
<u>TRUE BILL -</u>	
<u>CERTIFICATE OF ACKNOWLEDGMENT</u>	
<u>APRIL 18, 2014</u> Date Certified	<u>2 of 2</u> Page(s)
Notary <u></u>	



Registered No. 35170261102US

Date Stamp

Reg. Fee	\$11.20
Handling Charge	\$0.00
Postage	\$0.46
Return Receipt	\$2.55
Restricted Delivery	\$0.00

Customer Must Declare Full Value \$40.00

Domestic Insurance to \$500 included based upon the declared value. International Indemnity is limited. (See Reverse).

FROM	David John Longenhagen, Notary Public 323 Henry Street South Amboy, N.J. 08879
TO	Nick Vlahos, President OLYMPIC PAYROLL 64 US HIGHWAY 46 WEST PINEBROOK, NEW JERSEY 07058

PS Form 3806, Receipt for Registered Mail
May 2007 (7530-02-000-9051)
For domestic delivery information, visit our website at www.usps.com

- SENDER COMPLETE THIS SECTION
- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 - Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: Nick Vlahos, President
OLYMPIC PAYROLL
64 US HIGHWAY 46 WEST
PINEBROOK, N.J. 07058

2. Article Number
(Transfer from service label)

RE 170 261 102 US

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]*
☒ Agent
☐ Addressee

B. Received by (Printed Name) *David John Longenhagen*

C. Date of Delivery *6/19/13*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail
☒ Registered
☐ Insured Mail
☐ Express Mail
☒ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☒ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

David John Longenhagen, Notary Public
323 Henry Street
South Amboy, New Jersey 08879

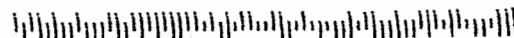
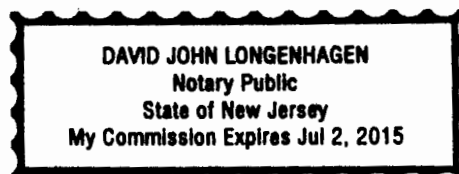




EXHIBIT E

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. REGISTERED MAIL,</u>	
<u>RETURN RECEIPTS</u>	
<u>APRIL 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary <u>[Signature]</u>	



Registered No.		Date Stamp	
REG-7024105115			
Reg. Fee	\$11.20	Return Receipt	\$2.50
Handling Charge	\$0.00	Restricted Delivery	\$0.00
Postage	\$0.46		
Received by			
Customer Must Declare Full Value \$	\$0.00	Domestic Insurance up to \$500 included based upon the declared value. International indemnity is limited. (See Reverse).	

FROM		TO	
David John Longenhagen, Notary Public		M. Ebad Rahman, I/H ENGINEERS, P.C.	
373 Henry Street		103 College Road East, 1 st Floor	
South Amboy, N.J. 08879		PRINCETON, N.J. 08540	

PS Form 3806, Receipt for Registered Mail
May 2007 (7530-02-000-9051)
For domestic delivery information, visit our website at www.usps.com

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *M. Ebad Rahman,*
I/H ENGINEERS, P.C.
103 COLLEGE ROAD EAST, 1st FLOOR
PRINCETON, N.J. 08540

2. Article Number
(Transfer from service label,

RE 170 261 093 US

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>C. Greco</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>C. Greco</i>	C. Date of Delivery <i>6-17-13</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes		

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

David John Longenhagen, Notary Public
373 Henry Street
South Amboy, N.J. 08879

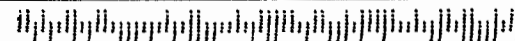
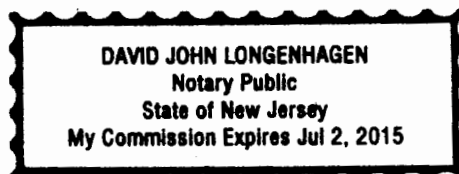


EXHIBIT E

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. REGISTERED MAIL,</u>	
<u>RETURN RECEIPTS</u>	
<u>APRIL 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary <u>[Signature]</u>	



In a hurry? Self-service kiosks
offer quick and easy check-out. Any
Retail Associate can show you how.

~~ Save this receipt as evidence of
insurance. For information regarding
domestic insurance, visit our
website at
usps.com/insurance/postoffice.htm

Order stamps at usps.com/shop or
call 1-800-Stamp24. Go to
usps.com/clicknship to print
shipping labels with postage. For
other information call
1-800-ASK-USPS.

Get your mail when and where you
want it with a secure Post Office
Box. Sign up for a box online at
usps.com/poboxes.

Bill#:1000403864100
Clerk:01

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER

Go to:
<https://postalexperience.com/Pos>

TELL US ABOUT YOUR RECENT
POSTAL EXPERIENCE

YOUR OPINION COUNTS

Customer Copy

```
=====
PARSIPPANY POST OFFICE
PARSIPPANY, New Jersey
070549998
3356730284-0096
06/15/2013 (800)275-8777 11:25:06 AM
=====
===== Sales Receipt =====
Product      Sale Unit      Final
Description   Qty  Price      Price
-----
PRINCETON NJ 08540                $0.46
Zone-1 First-Class
Letter
0.80 oz.
Expected Delivery: Mon 06/17/13
Return Rcpt (Green                $2.55
Card)
@@ ~ Registered                    $11.20
Insured Value :                    $0.00
Article Value :                    $0.00
Label #: RE170261093US
=====
Issue PVI:                          $14.21

PINE BROOK NJ 07058                $0.46
Zone-1 First-Class
Letter
0.80 oz.
Expected Delivery: Mon 06/17/13
Return Rcpt (Green                $2.55
Card)
@@ ~ Registered                    $11.20
Insured Value :                    $0.00
Article Value :                    $0.00
Label #: RE170261102US
=====
Issue PVI:                          $14.21

Total:                              $28.42

Paid by:
Cash                                $40.42
Change Due:                         -$12.00
```

@@ For tracking or inquiries go to
USPS.com or call 1-800-222-1811.

EXHIBIT E

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. REGISTERED MAIL,</u>	
<u>RETURN RECEIPTS-PROOF OF PURCHASE</u>	
<u>APRIL 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary <u>[Signature]</u>	

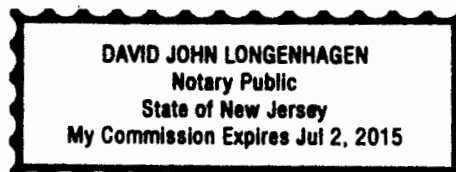


EXHIBIT F

May 28, 2013

To:

Nick Vlahos, President
Olympic Payroll
64 US Highway 46 West
Pinebrook, New Jersey 07058

M. Ebad Rahman, Finance Executive
IH Engineers, P.C.
103 College Road East, 1st Floor
Princeton, New Jersey 08540

From:

Evan Christopher Spencer
without prejudice
285 Aycrigg Avenue #10b
Passaic, New Jersey [07055]

TRUE BILL

This is an Order to pay:

Drawee(s): Nick Vlahos; M. Ebad Rahman

In the Sum Certain of: nine thousand five hundred sixty two/thirty five: \$9,562.35

Paid to the Order of: Evan Christopher Spencer
285 Aycrigg Avenue #10b
Passaic, New Jersey 07055

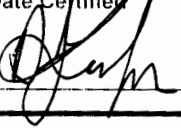
Drawer:

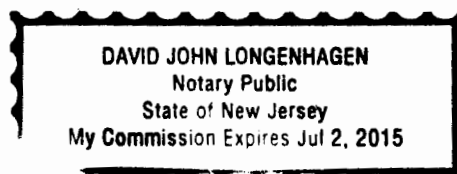
Evan Christopher Spencer
Authorized Representative, UCC 3-402(b) (1)



EXHIBIT

F

CERTIFIED AS TRUE COPY OF	
<u>TRUE BILL</u>	
<u>APRIL 18, 2014</u> Date Certified	<u>1 of 2</u> Page(s)
Notary <u></u>	



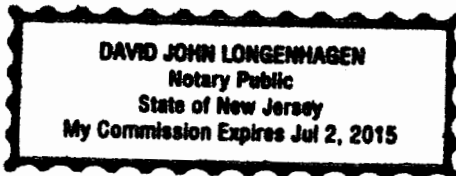
CERTIFICATE OF ACKNOWLEDGMENT

State of New Jersey)
) ss:
County of Middlesex)

As a Notary Public for said County and State, I do hereby certify that on this 28th day of May, 2013 before me appeared **Evan Christopher Spencer**, who satisfactorily proved to be the man whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

Witness my hand and seal:

DAVID J. LONGENHAGEN
Notary Name

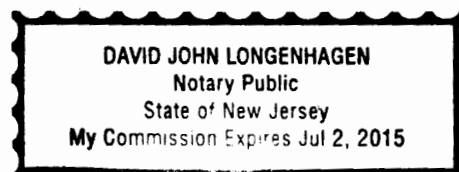


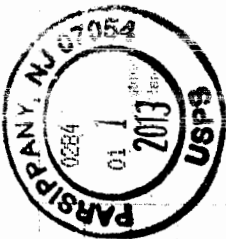
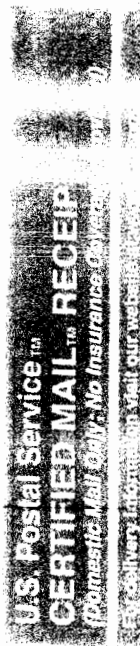
My Commission Expires: July 2, 2015 David Longenhagen May 28 2013
(Notary Signature) (Date)

EXHIBIT

F

CERTIFIED AS TRUE COPY OF	
<u>TRUE BILL -</u>	
<u>CERTIFICATE OF ACKNOWLEDGMENT</u>	
<u>APRIL 15, 2014</u> Date Certified	<u>2 of 2</u> Page(s)
Notary <u>[Signature]</u>	





PINE BROOK NJ 07058

\$0.46
\$3.10
\$2.55
\$0.00
\$6.11

07/01/2013

Nick Vlahos, President, OLYMPIC PAYROLL
64 US HIGHWAY 46 WEST
PINE BROOK, N.J. 07058

2989 4222 E000 0620 0702

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Nick Vlahos, President.*

OLYMPIC PAYROLL
64 US HIGHWAY 46 WEST
PINE BROOK, N.J. 07058

2. Article Number 7010 0290 0003 2774 6862
(Transfer from service label) 7010 0290 0003 2774 6862

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

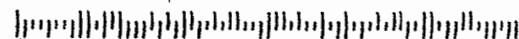
☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

• Sender: Please print your name, address, and ZIP+4 in this box •

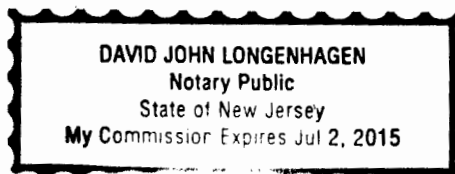
David John Langerhagen, Notary Public
323 HENRY STREET
SOUTH AMARY, N.J. 08879



EXHIBIT

F

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL,</u> <u>RETURN RECEIPTS,</u>	
<u>April 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary <u>[Signature]</u>	



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *M. Ebad Rahman,*

*IH ENGINEERS, P.C.
103 COLLEGE ROAD EAST, 1st Floor
PRINCETON, N.J. 08540*

2. Article Number 7010 0290 0003 2774 6879

(Transfer from service label) *7010 0290 0003 2774 6879*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

*David John Longenhagen, Notary Public
323 HENRY STREET
SOUTH AMBOY, N.J. 08879*

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Jessica Rivera

C. Date of Delivery

*7-3-13*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

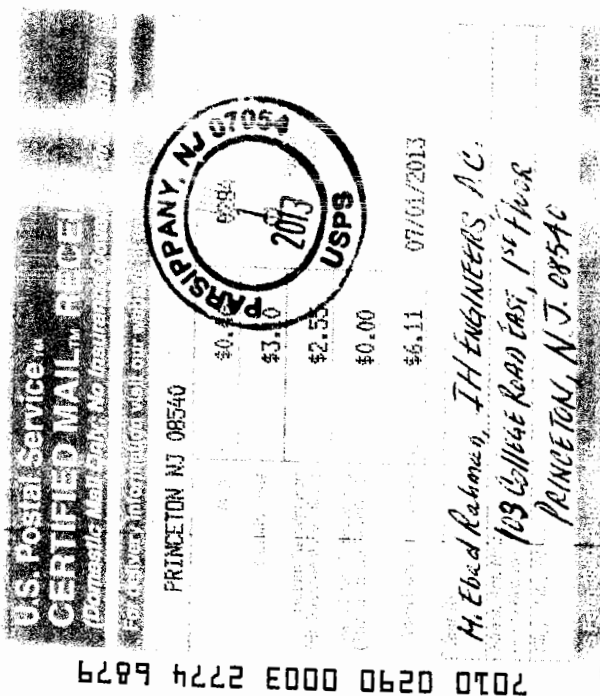
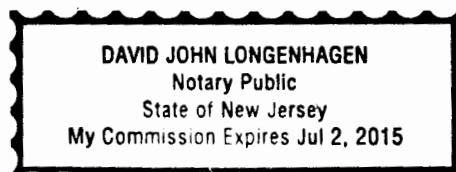
☒ Yes

EXHIBIT F

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL,</u>	
<u>RETURN RECEIPTS</u>	
<u>APRIL 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary <u>[Signature]</u>	



=====

PARSIPPANY POST OFFICE
 PARSIPPANY, New Jersey
 070549998
 3356730284-0096
 07/01/2013 (800)275-8777 03:53:26 PM

=====

===== Sales Receipt =====

Product Description	Sale Unit Qty	Unit Price	Final Price
---------------------	---------------	------------	-------------

=====

PRINCETON NJ 08540			\$0.46
Zone-1 First-Class Letter			

0.60 oz.

Expected Delivery: Wed 07/03/13

Return Rcpt (Green Card)			\$2.55
--------------------------	--	--	--------

@@ Certified			\$3.10
--------------	--	--	--------

Label #:	70100290000327746879		
----------	----------------------	--	--

Issue PVI:			\$6.11
------------	--	--	--------

PINE BROOK NJ 07058			\$0.46
---------------------	--	--	--------

Zone-1 First-Class

Letter

0.70 oz.

Expected Delivery: Tue 07/02/13

Return Rcpt (Green Card)			\$2.55
--------------------------	--	--	--------

@@ Certified			\$3.10
--------------	--	--	--------

Label #:	70100290000327746862		
----------	----------------------	--	--

Issue PVI:			\$6.11
------------	--	--	--------

Total:			\$12.22
--------	--	--	---------

Paid by:

Cash			\$12.25
------	--	--	---------

Change Due:			-\$0.03
-------------	--	--	---------

@@ For tracking or inquiries go to
 USPS.com or call 1-800-222-1811.

In a hurry? Self-service kiosks
 offer quick and easy check-out. Any
 Retail Associate can show you how.

Order stamps at usps.com/shop or
 call 1-800-Stamp24. Go to
usps.com/clicknship to print
 shipping labels with postage. For
 other information call
 1-800-ASK-USPS.

Get your mail when and where you
 want it with a secure Post Office
 Box. Sign up for a box online at
usps.com/poboxes.

Bill#:1000403878449

Clerk:01

All sales final on stamps and postage
 Refunds for guaranteed services only

Thank you for your business

HELP US SERVE YOU BETTER

Go to:

<https://postalexperience.com/Pos>

TELL US ABOUT YOUR RECENT
 POSTAL EXPERIENCE

YOUR OPINION COUNTS

Customer Copy

EXHIBIT

F

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL,</u>	
<u>RETURN RECEIPTS - PROOF OF PURCHASE</u>	
<u>April 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary <u>[Signature]</u>	

